

Tribal Healing and Wellness Conference 2008 Report

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Tribal Communities Transforming Mental Health Conference
Great Wolf Lodge
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Tribal Healing and Wellness Conference

- Background to the conference
- Description of the conference
- Summary of conference discussions
- Importance of our own perspectives
- Discussion
 - Next steps
 - Policy
 - How we continue to improve what we do
 - Blending new ways with the old



Why have the conference?

This conference was convened in response to an identified need to better understand and document the behavioral health status, needs, and resources of American Indian and Alaska Native people and communities (AIAN) in Washington State.



Indigenous Perspective

In particular, there is a great need to understand this from an *Indigenous* perspective that incorporates and builds on Indigenous science, knowledge, practices, and strengths.



Indigenous Perspective?

- < 2% of the Washington State population
- Our communities are diverse
 - Federally recognized Tribes
 - Native communities and agencies
 - Urban, rural, isolated
 - Reservation-based, non-reservation based
 - Access to health care
 - Difficulty with good information or data
- Sovereign entities



Health Disparities

- Lack of access to effective, culturally appropriate care
- Under-resourced and over burdened health care systems
- Poorer health outcomes
- Difficulty with accurate data
- Issues with trust and confidence in health care delivery systems



- Native communities have known for thousands of years how to keep their people and their communities health.
- Little is known about the many community-developed programs that often incorporate Tribal values, practices, and beliefs, and have evidence of effectiveness at the local level.





What is up with that?



Conference!

- Opportunity for dialogue
- Opportunity for learning
- Opportunity for sharing
- Opportunity for moving forward
- Opportunity to create our own agendas
- Opportunity to continue to improve the health of our Native people and communities



Ask Permission



- Indian Policy Advisory Committee
- American Indian Health Commission



CBPR/TPR

- Community Based Participatory Research
 - Full research partnership between community and academic researchers
- Tribal Participatory Research
 - Recognizes sovereignty of Tribes
 - Research authority and regulation



National Center on Minority Health and Health Disparities

The mission of the National Center on Minority Health and Health Disparities (NCMHD) is to promote minority health and to lead, coordinate, support, and assess the NIH effort to reduce and ultimately eliminate health disparities. In this effort NCMHD will conduct and support basic, clinical, social, and behavioral research, promote research infrastructure and training, foster emerging programs, disseminate information, and reach out to minority and other health disparity communities.

<http://ncmhd.nih.gov/>



Conference Objectives

1. Identify substance abuse and mental health disparity issues of greatest concern to urban, rural, and reservation Tribal communities.

These issues might include historical and current trauma; HIV/AIDS; infant mental health; methamphetamine; alcohol and other substance abuse; Community Based Participatory Research; Tribal research codes and Institutional Review Boards; children, youth, and family mental health; Fetal Alcohol Spectrum Disorders (FASD); data collection and data management; suicide; community depression due to historical experiences; bicultural issues; holistic treatment for mental health and substance abuse; use of traditional medicine.



Conference Objectives

2. Identify the best practices that have been developed in Tribal communities to address such issues but that may be lacking strong empirical evidence.
3. Educate Tribal communities and researchers by providing expert speakers who can address health issues of concern to Tribal communities, e.g. methamphetamine and prescription drug abuse, and infant mental health.



Conference Objectives

4. Provide a clinical skills track to provide training for culturally appropriate mental health and substance abuse treatment with AIAN clients.
5. Provide an opportunity for Tribal organizations to connect and collaborate with researchers and research institutions, with consideration of issues such as Community Based Participatory Research, Tribal research codes and Institutional Review Boards, and HIPPA-compliant data collection and management systems that may serve Tribal communities.



Conference Objectives

6. Provide formal networking opportunities for Tribal communities facing similar health disparity issues as well as to share effective community-based programs and practices among themselves.
7. Produce a report based on the conference that documents identified health areas of concern to Tribal communities, evidence-based approaches currently used to address these needs, and other community-based interventions that appear promising but are in need of evaluation.



Conference Objectives

8. Develop a research agenda to develop collaborative, community-based research addressing identified areas of health disparity.
9. Set an agenda for potential future conferences.



Whew!



Kiana Lodge – Clearwater Resort

- Owned and operated by the Suquamish Tribe
- Healing and rejuvenating setting
- Balanced importance of place with the scope of the objectives



Planning Committee

- Indian Policy Support Services and Indian Policy Advisory Committee
- American Indian Health Commission of Washington State
- Alcohol and Drug Abuse Institute





Washington State
Tribal Healing &
Wellness Conference

Butterfly design by Lisa Jackson
Suquamish/Lummi

Sessions

Session 1 Behavioral health disparity issues of greatest concern to Tribal communities

This session provided an opportunity for Tribal communities to identify, discuss, and prioritize behavioral health disparity and equity issues of greatest concern to Native people and communities. The goal of this session was to develop a research agenda that serves American Indian and Alaska Native people and communities.



Sessions

Session 2 Community-based and culturally grounded programs in Tribal communities

Tribal communities have been successful in developing programs to address health disparities and promote optimum health for their members. Often, these programs incorporate community beliefs, traditions, practices, values and stories. This session provided the opportunity to begin to identify and describe these community-based programs.



Sessions

Session 3 Clinical Skills for working with Native clients

Working with Native clients may require additional clinical skills. This session provided an opportunity for attendees to share challenges and successful strategies for improving the health of Native clients



Sessions

Session 4 Building Tribal capacity for research

Tribal communities are becoming more involved in regulating research involving their members and are increasingly participating as full research partners. As sovereign entities, federally recognized Tribes have a unique opportunity to require additional protections and benefits for research conducted in their communities. This session provided an opportunity for Tribal communities and researchers to discuss challenges and successes in building research partnerships, and to continue the process of developing and formalizing research protocols for working with AIAN communities.



Sessions

Session 5 Dialectical Behavioral Therapy

Many Evidenced Based Practices are not a cultural fit for American Indian populations. Dialectical Behavioral Therapy (DBT) is an exception. It is an “Indian friendly” therapeutic approach in several ways including its basic assumptions: respect for individuals, validation of their concerns and assumption that change comes from collaboration between the counselor and patient. This session provided an overview of DBT as adapted and used with American Indian and Alaska Native clients in an outpatient treatment program.



Sessions

Session Six Indigenous Nutrition

This session included a discussion of the native plant nutrition program at the Northwest Indian Treatment Center, a residential program for the treatment of addictions, and how it is used as a tool to strengthen patients. The importance of remembering cultural traditions was emphasized along with the nutritional benefits of native foods and medicines.



Attendees

Conference attendance was by invitation and was primarily for Washington Tribal members or those who work closely with and/or provide direct services to Washington Tribal communities. This policy allowed the focus of the conference to be responsive to the Tribes and Native organizations in Washington State. There was no registration cost for attendees in this category and hotel stipends were provided.



Attendees

- 148 people (including speakers and staff) attended the Tribal Healing and Wellness Conference.
- Of those, 97 were Native and included Tribal employees, Tribal Elders, Tribal community members and Youth.
- Many worked for Tribal wellness programs in Tribal communities across Washington State.
- Attendees also included a group of 15 Native students brought to the conference by Dr. Rose James (Lummi).



Conference Findings

AIAN student note takers and session facilitators captured summaries of each of the breakout sessions on flip charts.

A selection of their summaries will be presented here.



Conference Findings

Behavioral health disparity issues of greatest concern to Tribal communities

- Abuse of pain medications; Clinics need to support pain medication management.
- Need for wrap around services and to find resources to address “whole family” issues.
- Non-ceremonial use of tobacco and alcohol – can be gateway to more drug abuse.
- How to help youth reconnect to tribe and Elders
- Need to support tribal programs that are working with youth and families on cultural projects.
- Need to survey individual tribal communities and have each community identify and prioritize their own issues.
- Need to recognize and support that the AIAN communities have the power to address and change issues.



Conference Findings

Behavioral health disparity issues of greatest concern to Tribal communities

- Need to figure out how tribes can help state/federal/researchers to become culturally sensitive.
- Cross training of research partnerships – researchers have a lot to learn from community partners
- Support community based programs like Canoe Journey/Tribal Journey as drug and alcohol free programs that are based in tradition.
- Need more data, comprehensive reports on Native health
- Not enough Medicaid refunds for behavioral health
- Effect of boarding schools on families and parenting skills
- Wellness approaches – focus on what is working and building on wellness
- Identify and build on cultural survival strategies
- Use Indigenous knowledge, indigenous ways of knowing



Conference Findings

Community-based and culturally grounded programs in Tribal communities

- Suquamish Tribe Nutrition Program
- Strengthening Families Program – parenting program. Has been modified for Tribal Communities in Washington State.
- People for Native Cancer Control
- Skokomish Cultural Programs
- JRA – different programs that have implemented DBT, Mentoring, Functional family therapy in Washington Tribes.
- Healing of the Canoe Project
- Photo Voice at Suquamish
- Suquamish Women's Health – nurses come into the community and answer questions about health issues.



Conference Findings

Community-based and culturally grounded programs in Tribal communities

- Keep a Clear Mind & Parenting Wisely – two parenting programs implemented at PGST
- Cradleboard Project, Healing of the Dream Catcher (both DSHS)
- Tribal Journeys – traditional discipline – drug/alcohol free
- Canoe Journey Life Skills Manual (being used by Tulalip, Suquamish)
- Healing the Family (parenting classes), Tulalip - an FRS (Family Reconciliation Services) program.
- Youth program grant at Tulalip – “Walking School Bus” and “Moving the Canoe”
- Canoe Families – multiple Tribes in Washington state have these



Conference Findings

Clinical skills for working with Native clients

- Healthy and Whole – DBT adapted for Native community
- Healing of the Canoe: the Community Pulling Together – life skills curriculum for youth that incorporates Suquamish traditions, values, practices, stories and is co-taught by community members. Goal is to prevent youth substance abuse and promote a sense of Tribal and cultural identity and belonging
- Talking Circles – safe place to talk; can involve youth and Elders.
- Sweat lodges
- Acceptance and Commitment Therapy
- Native American Healing Circle
- Ask Tribes, Elders, Tribal Councils – “what is needed, what is working?”



Conference Findings

Clinical skills for working with Native clients

- Identifying and removing obstacles to treatment
- Need for confidentiality – balanced with small community and everyone knows each other
- Personal invitation to participate important
- Trust takes time – never give up on clients
- Must incorporate children
- Open door policy
- Being present – sitting with clients, listening
- Individualized treatment – one size does not fit all



Conference Findings

Building Tribal capacity for research

- Look at what is working
- Focus on community goals/issues
- Start with needs & resources assessment
- Involve communities in compiling data
- Develop plans of action with the community
- Need to determine appropriate ways to measure or quantify accurately and in a culturally appropriate manner
- Research should facilitate a change that remains in the community after life of the project
- Have to understand family and community history



Conference Findings

Building Tribal capacity for research

- Researchers must understand and follow proper community protocols. Prevents “stonewalling” and facilitates more accurate data
- Researchers need to seek out Elders in community and ask permission
- Researchers must be aware of unique ethical issues, and acknowledge past research trauma
- Collaboration with community important, e.g. community dinners, regular meetings, etc
- Build on existing programs and networks, e.g. Canoe Journey, Song and Dance, Coastal Jams, etc
- Involve the entire family (i.e. random sampling is not going to work)
- Researchers must be humble and explain how funding, research processes work
- Listening is critical



Conference Findings

Building Tribal capacity for research

- Need to discuss and agree on data that will be shared widely and what will be kept private and within the community
- Information/data must come from the community and not “a book”
- Conventional research has tended to disregard and minimize traditional stories and oral history as data
- Important for researchers to determine best ways to provide research info/findings to community
- Research terms can be barriers (e.g. research, data, consent, sampling)
- Share knowledge and experience from other successful research partnerships with Native communities
- Must build trust in the community for researchers and research partnership
- Research partnership must be a dialogue
- Researchers must be in the community



Acknowledgements

- First and foremost we would like to acknowledge the American Indian and Alaska Native individuals who made time to attend the 2008 Tribal Healing and Wellness Conference as well as those non-Native individuals who work with and for our Washington Native communities



Acknowledgements

- We are especially grateful for the Elders who attended and who were willing to both listen and to provide guidance and wisdom to the conference.



Acknowledgements

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Acknowledgements

- The Suquamish Song and Dance group shared traditional songs, dances, and knowledge with conference attendees and reminded us that Indigenous Science and Knowledge is equally critical to Native health.



Acknowledgements

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